

DATE: \_\_\_\_\_ COURSE #: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

**INITIAL EMT-PARAMEDIC CANDIDATES: MUST TAKE THE NATIONAL REGISTRY EXAMINATION**

- REFRESHER EMT-PARAMEDIC CANDIDATES:** *(Any Candidate may take an EMT-P refresher at any time to fulfil National Registry requirements)*

- INSTRUCTOR NOTE: PLEASE ATTACH THE CANDIDATE'S LETTER OF PERMISSION TO ENROLL IN AN EMT-PARAMEDIC REFRESHER COURSE TO THE BLUE APPLICATION CARD.**

- | EMT CANDIDATE NAME<br>PLEASE PRINT | SOCIAL SECURITY NUMBER<br><i>Do NOT leave blank</i> |  |  |  |  |  |  |  |  |  | SC EMT<br>CERTIFICATION #<br><i>(Refreshers only)</i> | EMT CANDIDATE<br>SIGNATURE |  |  |  |  |
|------------------------------------|---|--|--|--|--|--|--|--|--|--|---|----------------------------|--|--|--|--|
| 1                                  |   |  |  |  |  |  |  |  |  |  |   |                            |  |  |  |  |
| 2                                  |   |  |  |  |  |  |  |  |  |  |   |                            |  |  |  |  |
| 3                                  |   |  |  |  |  |  |  |  |  |  |   |                            |  |  |  |  |
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| 5                                  |   |  |  |  |  |  |  |  |  |  |   |                            |  |  |  |  |

EMT CANDIDATE NAME PLEASE PRINT	SOCIAL SECURITY NUMBER <i>Do NOT leave blank</i>										SC EMT CERTIFICATION # <i>(Refreshers only)</i>					EMT CANDIDATE SIGNATURE
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*I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regards to course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. All policies will be enforced.*

**INSTRUCTOR SIGNATURE / DATE:** \_\_\_\_\_  
 This form is to be completed at the **first** class meeting and must be **received** by DHEC within 10 days from the first class meeting. (Use additional forms classes greater than 24)